

Authorization to Release Medical Information

Patient Information:

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Address: _____

Phone: _____

I hereby authorize Great Destinations Pediatrics, PC to **SEND** photocopies of medical records concerning the above named patient (s) **TO:**

Practice/ Company or Person(s) authorized to receive records:

Name: _____

Address: _____

Phone: _____ **Fax:** _____

For the purpose of:

(Check all that apply)

Records to be included:

_____ All Medical Records _____ Immunization Record

_____ Copies of Medical Records for the Period:

____/____/____ to ____/____/____
Mo Day Year Mo Day Year

_____ Copies of Information described below for the Period:

____/____/____ to ____/____/____
Mo Day Year Mo Day Year

_____ Consult Reports _____ Lab, X-Ray

_____ Other (Please Specify) _____

_____ The following information should **not** be released (Please Specify) _____

We want to thank you for entrusting our practice with providing medical care for your child/children. We appreciate feedback and would like to know your reason for requesting records.

_____ Moving out of Geographical Area

_____ Changing of Physician

_____ Insurance Change

_____ Parent/Legal Guardian's Copy

_____ Legal

_____ Customer Service

In accordance with federal regulations, I hereby consent to the release of records pertaining to treatment/diagnosis of the following should records contain this information: Condition relating to drug and/or alcohol abuse, condition related to psychiatric/psychological treatment, AIDS/HIV, and communicable diseases.

This request will remain in effect for 1 year from the date of this request.

I understand that I may revoke this authorization at any time in writing except to the extent that action based on this authorization has already been taken. **PLEASE ALLOW 14 BUSINESS DAYS FOR ALL MEDICAL RECORD REQUESTS**

Signature, Parent/Legal Guardian

Relationship to Patient

Date

Records Prepared by _____ Date _____